

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Anthony Cross	COURT CASE NUMBER 3:14-cv-01310-KI
DEFENDANT City of Portland, Asheim, Defrain, Burley, Murphy, Dale, Duilio	TYPE OF PROCESS Civil Summons, Complaint, etc.

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
City of Portland
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
City Attorney's Office, 1221 SW 4th Ave. Portland, OR 97201

FILED 06 NOV '14 14:43 USC-ORP

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Zachary Spier, Attorney at Law 405 NW 18th Ave Portland, OR 97209	Number of process to be served with this Form 285 9
	Number of parties to be served in this case 7
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Process to be served: Summons, complaint, IFP application, case assignment order, magistrate consent, IFP order, discovery/scheduling order, discovery agreement, case management schedule

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (503) 305-3730	DATE 9/30/14
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 65	District to Serve No. 65	Signature of Authorized USMS Deputy or Clerk 	Date 10/8/14
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) DARLA ENG Receptionist	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10-29-14 Time 10 am <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee 65.00	Total Mileage Charges including endeavors 0	Forwarding Fee 0	Total Charges 65	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:
1 Dism @ 65/hr x 1 hr = 65

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

RECEIVED
UNITED STATES MARSHAL
14 OCT -8 PM 3:41
PORTLAND, OREGON

Form USM-285
Rev. 12/80